FORM
(Blanks not to be photocopied. Print direct from DAKS)
(Printed on 23-Sep-14 at 09:09)

(WM-FO-401) GARBAGE APPLICATION/CANCELLATION FORM

OCCUPATION CERTIFICATE ISSUED ◯ **Yes** ◯ **No** **Date Issued:** _____

1.	**NEW** GARBAGE SERVICE – EXISTING RUN ☐ **NEW** GARBAGE SERVICE – NEW RUN ☐ (Prior Council Approval Required)	**OFFICE USE ONLY** DATE BIN DELIVERED / /
2.	**CANCEL** GARBAGE SERVICE ☐ Bin Size: _____Litre No. of Services: _____ No. of Bins to Collect: _____	DATE BIN REMOVED / /
3.	**ADDITIONAL** BIN PICKUP: ☐ ADDITIONAL GARBAGE BIN: ☐	DATE BIN DELEVERED / /
4.	**DAMAGED** BIN ☐ Circumstances: _____	DATE BIN REPAIRED / / DATE BIN REPLACED / /
5.	**MISSING** BIN ☐ Circumstances: _____ _____	DATE BIN REPLACED / / Owner to be charged replacement cost ☐Y ☐N DATE RATES UPDATED / /

CHECKED & APPROVED: _____ **ACTIONED BY:** _____

DOMESTIC ☐ **COMMERCIAL** ☐

PREMISES - **ADDRESS:** _____ **PHONE (B):** _____
- **ASSESSMENT No**: _____
- **PARCEL No**: _____

OWNER - **NAME:** _____ **PHONE (B)** _____
- **ADDRESS:** _____ **PHONE (H)** _____

OCCUPIER - **NAME:** _____ **PHONE (B)** _____
- **ADDRESS:** _____ **PHONE (H)** _____

REMARKS: _____
_____

SIZE	QTY	OLD BIN No	NEW BIN No	M	T	W	T	F	S
240 L									
660 L									
1100 L									

I am aware that I may be charged for the full value of replacement of bins if lost or damaged

SIGNATURE OF **OWNER:** _____ DATE: __/__/__.

TAKEN BY: _____

RETURN TO:
Griffith City Council
1 Benerembah St
GRIFFITH NSW 2680

POSTAL ADDRESS
Griffith City Council
PO Box 485
GRIFFITH NSW 2680

EMAIL TO: admin@griffith.nsw.gov.au